

Request for Certified Criminal History Record Check

To: Kansas Bureau of Investigation
Attn: Central Repository
1620 SW Tyler
Topeka, KS 66612-1837

From: _____
(Requestor's Full Name) (Please Print)

(Requestor's Mailing Address)

(City, State or Country and Zip)

1. A certified criminal history record check of the Kansas Central Repository is requested for the following individual. The **Full Name** and **Date of Birth** are mandatory:

Full Name: _____
(Last Name) (First Name) (Middle Name)

Maiden or
Alias Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Sex: _____ Race: _____ Place of Birth: _____
(City, State or Foreign Country)

2. A fingerprint card [is] [is not] included.

3. Purpose for the certified criminal history record check: _____

(Please be specific)

4. Mailing address for the results of the record check, if different from the "From" address, above:

[] Same as the "From" address, above.

6. Enclosed is payment for the certified record check in the sum of:

[] \$30.00 for a name-based check, or [] \$40.00 for a fingerprint-based check.

7. I have read and understand my responsibilities when receiving record check information from the Kansas Central Repository, and I agree to safeguard and properly use all information I receive.

(Signature of Requestor)